THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.

VOL. III. OCTOBER, 1854. NO. 10.

ORIGINAL COMMUNICATIONS.

ART. I.—*Morbus Coxalgia, or Hip Disease.*—By R. L. HALL, M.D., Dundee, Kane Co. Ill.

March, 15th, 1854, was called to see a patient aged 8 years, suffering with what the parents supposed to be a dislocation of the hip. I learned from the parents that three weeks previous to my visit, they first noticed the inability of the child to use one leg; and that every effort to compel her to bear weight on it caused her to cry out with pain. The child had been about, and played with other children as usual, and they were not aware that it had received any mechanical injury. At the present time the hip is swollen, to almost double its natural size, and it is quite tender to pressure, firm and unyielding to the touch with the temperature considerably increased. The position of the foot and the length of the limb, so far as could be ascertained by ordinary measurement, were natural. The whole limb was moderately flexed, and would admit of only a slight degree of motion in any direction without producing great pain. There was no swelling or lameness in other joints, and very little febrile action or other constitutional disturbance. I could not learn that the parents had ever been affected with either scrofulous, eruptive, or rheumatic affections; and the child presented no marks of a scrofulous diathesis. Having but a small amount of experience in diagnosticating and treating

diseases like the present one, I was in much doubt as to its true nature. The suddenness of the attack with the robust appearance of the child, and the rapid increase of the swelling, seemed to preclude the idea of its being coxalgia or ordinary hip disease. If it was rheumatic inflammation, we should expect with so much swelling, and pain while the patient is at rest, more redness, and more general febrile action While the correct position of the foot, and length of the limb, with the absence of any fall or other mechanical injury, equally precluded the idea of a dislocation of the head of the femur. I confess that I left the patient with many doubts in regard to the true nature of the disease.

On making a second visit and finding no material change in the patient, with a strong inclination on the part of the parents to regard it as a dislocation, I thought it best to follow David Crocket's rule, "be *sure you are right* and then go ahead." So with the consent of the parents, I started with them and the child for Chicago, by railroad; at which place we arrived in safety, and obtained the council of Prof N. S. Davis and Dr. J. W. Freer. After a careful examination they agreed in the opinion that the disease was a low grade of inflammation affecting chiefly the *fibrous tissues* surrounding the hip-joint. Prof. Davis thought the child bore the marks of a scrofulous temperament, and expressed the fear that if not soon removed the disease would extend into the joint and constitute true coxalgia. He suggested the propriety of keeping the patient at rest; applying leeches to the hip every second day, with fomentations of aconite leaves during the intermediate time, until the heat, tenderness, and swelling were materially diminished, and then cover the hip with a plaster of Ammoniaco Cum Hydrarg, and a little below it keep open a blistered surface or issue. Internally, he advised the use of mild mercurial alteratives for a few days, followed by the sat. tinct. of cimicifuga rasemosa root and iodide of potassa for a considerable time. The patient returned home and the foregoing suggestions were strictly carried out. After leeching and fomenting the hips for several days, I first applied a blister over the part. When this healed I covered the whole hip with the emplastrum ammoniaco cum hydrarg, and made an issue just below the plaster. This and the plaster were

continued 8 weeks. When I first began the use of the cimicifuga, I united with it the vinum colchici, but the latter acted so much on the bowels that I had to discontinue it And at times the cimicifuga and iodide of potassa caused so much action of the bowels as as to require opiates to restrain them. Still their use was steadily continued for eight weeks, when the patient had entirely recovered, and is up to the present time quite well.

Query.—Was not the *nature* of the disease *rheumatic* inflammation of fibrous tissues around the hip joint?

Case 2.—I was called a few days since to see a little girl about eight years of age who was reported to have had dislocation of the hip joint several months previous.

I found the girl slender, and delicate in appearance, the skin thin and pale, the hair fine and light colored, the eye clear and bright, with a pulse slightly accelerated, and slight febrile exacerbations each night, with disturbed sleep.

She would not put the right foot down upon the floor. or bear the slightest weight on it. She could bear to have the foot turned in either direction, and would permit a very moderate movement of the limb in any direction, but would not permit it to be either fully flexed or extended. Neither would she bear more than a slight abduction.

By careful measurement, I could detect no shortening of the limb, neither did it appear much wasted; but the gluteal region seemed flattened more than the opposite side

There was, however, no swelling, and no tenderness except when pressure was made on the trochanter major. Pressure made on the trochanter, or on the knee or the sole of the foot, in such a way as to move the head of the femur in its socket, always gave much pain. The mother gave me the following history of the case, viz.: Nearly one year since the girl fell from a wagon, striking on the side and hip. She was helped up, and after a few minutes could walk with only a slight limp. This slight limping, with a complaint of soreness in the hip, continued until it caused the parents to be uneasy about it, although it was at no time so great as to prevent the child from running about freely. Six weeks after the fall they consulted a physician, who decided that

the head of the femur was dislocated, and went through with the usual performance of reducing it. Considerable force was used for extension and counter-extension, and the doctor claimed that the bone was reduced. No change, however, followed the operation, except a moderately increased soreness and lameness, which passsed away again in a few days, leaving precisely the same lameness as before.

The disease or difficulty in walking continued with but little change until but a few weeks since, when the patient again accidentally fell from a cradle or little wagon; since which time she has been wholly unable to bear any weight on the right foot, or even to put it down upon the floor. Feeling some hesitation about deciding on the nature of the case after the previous diagnosis, which had been made in reference to dislocation of the hip, I took this patient also to Prof. Davis, of Chicago. After examining the patient, and eliciting a full history of the case, as detailed above, he expressed his conviction that the case was clearly one of slow disease within the hip joint, induced, in the first instance, by a fall on the hip, which excited a low grade of inflammatory action in the joint. The child being of a scrofulous habit, the morbid action set up in the synovial membrane and cartilages of the joint continued only in a very moderate degree, until the second and more recent fall greatly increased its intensity and progress.

The prognosis was, of course, much more unfavorable than in the first case related. The treatment, with its results, may be given hereafter.

ART. II.—*Practical Items, or a Chapter on small matters.* By one of the Editors.

The Physician in his daily round of practice frequently meets with ailments, which though not dangerous to the life of the patient, are nevertheless exceedingly annoying to him, and sometimes perplexing to the Physician. Hence a few cases and observations concerning small matters may not be uninteresting to our readers.

CASE 1ST. *Onychia.* Called to see Mrs. A. who had been sorely afflicted for many weeks with pain and soreness in one large

toe. Found the whole toe swollen and tender, but the chief trouble was limited to one side, extending to one half of the circumference of the nail. The corner of the nail next to the first little toe was deeply imbedded in the flesh, giving it the appearance of being much incurved. All along that margin the flesh much overlapped the nail, was swollen, covered with red and spongy granulations, and secreted a thin and redish purulent matter. This was so tender that walking was accompanied by much pain. She had consulted a Physician who, as is usual in such cases, told her the only remedy consisted in extracting, or cutting out a considerable portion of the nail. Dreading the pain of such an operation she begged of me some other remedy. I directed her to place the foot up in a horizontal position and cover the toe with a soft linseed meal poultice for twenty four hours, to lessen the inflammation. I then removed the poultice, wiped it dry and covered the side of the toe with collodion in such a way that its contraction should hold the overlapping flesh and granulations away from the nail, and renewed its application often enough to keep the coating perfect. I caused her also to drop, twice a day, a few drops of a solution of Bi Chloride of mercury in lime-water, into the fissure between the nail and overlapping granulations. The strength of the solution was as follows, viz:

℞ Bi Chloride of Mercury - 2 grs.
Aqua Calcis - - - ℥ij—mix.

This treatment was continued five or six days, during which time the swelling diminished, and the granulations overlapping the nail receded very much. It being troublesome to keep the coating of collodion perfect, this was now omitted. The same wash was continued once a day, and during the rest of the time a salve was applied of Chloride of Zinc 3 grs
Sulph. Morphine 6 grs
Simple Cerate ℥j, thoroughly rubbed together and spread on soft linen. In one week more the toe was entirely well; the flesh having receded from over the nail and cicatrized so completely as to have neither discharge nor soreness, The nail was in good shape, and by avoiding all undue pressure of the shoe for a few weeks, no return of the disease took place, and now at the end of two years the toe is perfectly well.

During the last five years I have treated quite a number of cases of this troublesome malady, and in every instance have succeeded in effecting a cure without removing any part of the nail. I have treated them on the same principles that I treat ulcers. In recent cases where the part is very irritable and painful I apply for two or three days emolient poultices. Then wash the part overlapping the nail carefully once or twice a day with a weak solution of Sulphate of Copper, or Bi Chloride of Mercury in lime water, or Chloride of Zinc in water. The latter, as a wash, should be of the strength of 1 gr to the oz of water.

After the poultices are removed I keep the parts protected by soft cloth spread with the salve mentioned above. The cure is generally completed in from one to three weeks. The patient should always be cautious about putting on tight boots or shoes for sometime after the toe appears to be well The common idea that the nail is incurved and grown down into the flesh, in such cases is erroneous, and the operation of cutting it out unnecessary. The disease is generally a simple inflammation, commencing at the edge of the root of the nail. When once begun the swelling immediately causes the flesh to commence overlapping the edge of the nail and the pressure of the adjoining toe and shoe keeps it constantly aggravated. Thence it becomes painful, the granulations large and spongy, and the pus discharged generally thin and intermixed with blood. The same disease sometimes occurs on the fingers as in the following case:

Case 2nd. Mrs. B, a hard working Irish woman, came under my care with disease of one thumb and three fingers The husband was consumptive and she was in the habit of supporting the family by washing and house-cleaning.

The disease on the thumb and fingers commenced like an ordinary inflammation at the corner of the nail. It extended rapidly across the root of the nail, causing, in a few days, the formation of a few drops of pus, over which the skin became elevated and white, like a mature pustule. The parts became much swollen, red, and very painful A prick through the elevated cuticle gave exit to a few drops of thick whitish pus, but this instead of being followed by an abatement of the inflammation and pain, was mark-

ed by a continuance of both, and the formation of spongy granulations overlapping the root and side of the nail, much like the diseased toe already described.

When she came under my care, different fingers presented the disease in different stages of progress. She also had several superficial and very irritable ulcers on the inner margin of the Labia. These had not the appearance of syphilitic sores or chancres, but looked more like simple excoriations. Neither could I learn that she had ever had syphilis in any form.

The tongue of the patient was coated and her general health somewhat impaired, in consequence of which I directed her a few grains of Blue Mass and Soda each night for two or three evenings, and then gave five grains of Iodide of potassa in a teaspoonful of tincture of Cinchonæ three times a day. Locally to the fingers, I made the same applications as already detailed in reference to case 1st. and to the Labia I directed a wash of chloride of zinc and morphine, and the application of a weak mercurial ointment at bed-time. The fingers gradually improved and at the end of two weeks, were quite well; but the labia remained swollen, painful and covered with irritable ulcers. These were apparently kept up by the friction of walking, and yet such were the circumstances of the patient that entire rest was almost impossible. Hence to shield the parts from friction, they were made dry and coated over completely with collodion. The application of the collodion to the ulcerated surface caused acute smarting for a few minutes, after which she experienced much relief so long as the coating remained perfect. But the moisture of the parts would cause it to become loose, and make it necessary to renew the application daily. Under this treatment, the swelling and pain disappeared from the labia in five or six days, and the ulcerations soon healed. She had at no time any leucorrhœal discharge.

Case 3d. *Phagdenic ulcer.* May 1851, was called to see a little girl, aged five years. She looked slender and delicate, with thin, fine hair, light eyes, and fair skin. The mother represented her general health as being very good, but the end of one thumb had been diseased nearly one year. It commenced, as near as I could learn, like a pustular inflammation at the root of the nail.

But it soon became an open sore and continued to spread until the time of my first visit. Then the whole end of the thumb was enlarged with a ragged concave ulcer occupying the place of the thumb nail; the latter being entirely destr yed. The edges of the ulcer were irregular, but elevated and rounded; the surface of the ulcer without granulations and emiting a thin, sanious, or bloody matter, somewhat offensive to the smell. The end of the thumb so far as it was enlarged felt inelastic and doughy, the capillary circulation seemed feeble, and it was constantly perspiring or oozing from the pores of the skin a colorless watery fluid. This state of the capillaries and skin was limited exclusively to the pulp and enlarged end of the thumb.

As various local applications had been tried without any benefit, and the disease had existed a long time, I thought it best to put the patient on some constitutional treatment.

I accordingly directed for her five drops of Fowler's Solution of arsenic in a wine-glass full of sweetened water every morning. I also caused the ulcer to be washed clean every morning wet over with a solution of chloride of zinc of the strength of 1 gr to the oz. of water, and covered with a salve spread on soft cloth, composed of chloride of zinc 4 grs. sulph. morph. 6 grs. and simple cerate ℥j The ulcer soon began to improve in its appearance. The arsenical solution was taken only little more than one week, but the local applications were steadily continued four or five weeks, during which time the ulcer healed, and the thumb has since become perfectly well and natural, except the nail, which has been only imperfectly reproduced.

Case 4th. A Swede girl, aged 12 years, was brought to me from Wisconsin. She presented a forbidding appearance. She was extremely emaciated, the skin of a dingy color and dry; the soft part of the nose was entirely gone and in its place an open irregular ulcer. The lips, too, were nearly gone, and the same kind of ulcer occupying the whole circumference of the mouth.—The central part of the upper lip was entirely removed leaving the teeth and gums bare. On the left leg near the knee joint, over the upper end of the fibula, was an ulcer about the size of a half dollar coin, and another still larger just above the outer maleolu

of the ankle. The tendons of the limb were somewhat contracted, rendering the patient unable to walk. All the ulcers were superficial with irregular but not elevated edges. They seemed to spread by destroying the tissues without much formation of pus, and without much pain. Her bowels were regular and appetite good, though suffering great general debility and emaciation. There was no appearance of present or previous disease of the throat.

Speaking only the Swedish language, I could learn from the father very little in reference to the history of the family.

The mother had been dead some years, but the father bore plain evidence in his fauces of having had secondary syphilis which was even now imperfectly cured. Believing the girls sickness to depend on a *hereditary* syphilitic influence, I directed for her the following, vis.:

℞ Bichloride Hydrarg. 2 grs.
Tincture Cinchona. ℥jv- mix.

Give one tea-spoonful (fl. ℥i) three times a day in a little sweetened water. Also keep the ulcerated surfaces clean and dressed every day with the following ointment spread on soft linen, viz. :

℞ Chloride of Zinc, 4 grs.
Sulph. Morph. 6 grs.
Simple Cerate, ℥j rub thoroughly together.

In four or five days the ulcers began to show marks of improvement, and from that time they cicatrized rapidly.

In about two weeks the gums began to show signs of being affected by the mercurial, and it was discontinued. In its place I gave four grains of Iodide of potassa with a tea-spoonful of Tinct. Cinchonæ three times a day for two weeks. She then took again the first prescription in smaller doses, and in two or three weeks more her ulcers, both on the face and leg, had entirely healed. She had also gained much in flesh and strength, and could walk about very well. She was now put upon the use of the Iodide of Potassa with tincture of bark in moderate doses, and a nutritious but not stimulating diet, and allowed to return home The local application first directed was continued during the whole period of

the treatment. The father promised if she did not continue well, to inform me; but I have heard nothing from him, nearly six months having now elapsed since he left. I have had several cases similar to the above brought to me from the country, which have uniformly yielded to essentially the same course of treatment. It is always necessary to watch the action of the Bichloride of mercury on the bowels, as it sometimes produces hypercatharsis with very severe griping pains. This can be obviated, when necessary, by giving an anodyne of Pulv. Doveri, at bedtime.

While on the subject of ulcers I will relate one more case which came under my observation very recently:

Case 5. Mrs. G., a slender Irish girl had been married within the last 18 months, but had not yet been pregnant. Her husband was intemperate and abusive, and she lived in misery and privation. About three months since she was taken sick, but I could not learn enough of the history of her case to judge with certainty in regard to its true nature. She had considerable general fever in the beginning, accompanied by pain in her back and a very offensive leucorrhœal discharge. The discharge from the vagina ceased after a few days, but she continued feverish and much unwell. I could not learn much of the particular symptoms, but she had no sore throat, no bubos, and no ulcers or chancres about the labia. At the time of my visit there was no disease whatever about the genital organs, but she was extremely emaciated, scarcely able to turn herself in bed, without appetite, and suffering much pain from two or three bedsores over the sacrum, and a large phagadenic or eating ulcer in one groin. The latter first manifested itself by a purple spot which marked the seat of a slough or eschar. This separated and left a deep, irregular and spreading ulcer, accompanied by very severe pain At the time of my visit the ulcer was about the size of a silver dollar in circumference, from a quarter to half an inch in depth, the edges excavated and irregular, and the bottom destitute of granulations. The bowels were nearly regular, the tongue clean and the appetite moderate. She was removed to the Mercy Hospital, and I put her upon the use of the following, viz.:

℞ Proto-Iodide of Mercury, 10 grs.
Pulv. Opii - - 10 grs. mix, divide into twenty pills. Gave one each morning, noon, and night. Caused the ulcers both on the back and in the groin to be washed twice a day with the following solution:

℞ Chloride of Zinc. 4 grs.
Sulph. Morph. 12 grs.
Water - ℥jv mix—and dressed with Simple Cerate. She was allowed a plain nutritious diet, consisting of milk-porridge, (sweet milk boiled with flour), tenderly cooked lean meat, and stale bread. She continued this treatment about ten days, with a rapid improvement in all her symptoms. The ulcers ceased to be painful and began to fill up with healthy granulations. The Proto Iodide of mercury was then discontinued, and the tincture of Ferri Murias, in doses of 20 drops, three times a day, given in its place. The same local applications were continued as at first. Under this course the patient continued to improve, and in three weeks from the time of her admission the ulcers had entirely cicatrized, and the patient had recovered a good degree of flesh and strength.

Chicago, October 1854.

ART. III—*Creosote in ophthalmia, by* E. K. Rich, *M. D.*

Messrs. Editors.—I have been making a trial of Creosote in the treatment of the Catarrhal Ophthalmia, which, by the way, has been quite prevalent in this section during the past spring and summer; not being satisfied in all cases with the nit. silver, especially those cases attended with high inflammatory action, and knowing the peculiar good effects of Creosote in inflammations about the mouth, I was induced to try it for the eyes, and since I have commenced using it, I have used *nothing else* in the shape of lotion. I have tried it of different strengths dissolved in rain water, and have found two drops Creosote to the ounce of water strong enough to commence with in acute cases, gradually increasing the strength up six drops to the ounce.

This solution I consider far superior to the nit. silver, as it does not cause the eye to smart except for a few seconds, which is im-

mediately followed by a clearing of the sight—the patients usually expressing themselves in a minute or so, as seeing as well as ever. I have, in a few cases, had to use counter irritation, but in the great majority of cases, have cured without it.

My object in sending this to you is to call the attention of my medical brethren to the article, in order to have its virtues in this complaint more fully tested.

Magnolia, Ill's. Sept. 18, '54.

SELECTIONS.

THE OPTHALMOSCOPE.—*Sir:* On leaving England, the author of the following paper desired me to forward it to you, with a request for its publication. In complying with his wish, I think it only right to mention that, although Dr. Williams omits to notice the opthalmoscope of Coccius. Anagnostakis himself has described not only that instrument (which certainly embodies the principle of his own), but likewise all others which have preceded it.

Retaining, as I do, a very strong opinion as to the mischief likely to result from the abuse of reflecting opthalmoscopes, if indiscriminately resorted to by inexperienced persons, for investigating cases hastily classed as "incipient amaurosis." I have no doubt that a series of opthalmoscopic examinations, made by accurate and prudent observers, would elucidate many obscure points in the pathology of the eye.

A practical inconvenience I have met with, in using the reflecting mirror of Anagnostakis, is, that it occupies one hand of the observer; so that if, at the same time, he wishes to employ with the other hand a convex lens, to magnify the structures he is illuminating, his examination, unless an assistant be present, may sometimes be foiled through inability on the patient's part to raise the upper lid sufficiently to expose the pupil.

It has occurred to me, therefore, to fix into a spectacle frame, to be worn by the observer, a pair of reflecting mirrors, differing from those employed by Coccius and Anagnostakis only in being of less diameter, and having a smaller central hole. By this contrivance both hands of the observer are left at liberty and he is enabled, without assistance, to command the movements of the patient's lids with one hand, while with the other he uses the magnifying glass.

The focus of the mirrors should nearly correspond to the distance at which the observer's unassisted eye can ordinarily define minute objects. I think it better to place the lamp immediately behind the patient rather than by his side, and at such height that the rays of light just clear the top of his head. The observer, in making his examinations, will find it best to use only one of his eyes at a time; but two mirrors are desirable, as they balance each other in the frame. Where a less concentrated light is preferred, plane glasses, silvered at the back, may be used instead of

concave mirrors; a small round portion of the silvering being removed from the centre for the observer to look through.

I am, &c.,
JAMES DIXON.

THE OPTHALMOSCOPE — *The principles on which it is based; the manner of its application, and its practical advantages, with a report of some cases.*—By E. WILLIAMS, M. D., of Cincinnati.

Among the many modern discoveries which have given a new impulse to the progress of medical science nothing has been more effectual than the discovery and perfecting of the methods of physical diagnosis. Enabled, by these valuable means, to determine, with precision, the seat and gravity of pathological changes, it is no longer necessary to resort to those vague and bewildering hypothesis under which, formerly, the physician took refuge whenever he encountered a deep seated and obscure disease. What astonishing advancements have been made by the differential diagnosis of diseases of the chest since that cavity has been rendered, as it were, transparent by auscultation and percussion! But it is in opthalmology especially that physical exploration has very recently undergone the most striking and important developments. Notwithstanding the high degree of perfection to which this beautiful branch of surgery has been brought by the researches of modern observers, there still remained till lately one lamentable deficiency. Unable to examine directly the cavity of the globe of the eye, the surgeon was obliged to rely upon indirect symptoms for the diagnosis of many of the most serious affections of that organ. Thus, at an epoch when medicine and surgery everywhere diligently sought the lessons of structure that predominate in each disease, amaurosis, sthenic, asthenic, congestive, nervous, gouty, dartrous, etc., were still seen arrayed in the nosology of the ophthalmologist, terms by which the ingenious surgeon disguised his ignorance when the local lesion escaped his means of investigation.

The discovery, therefore, of a mode of examining directly the interior of the eye in the living subject is by far the most important improvement made in opthalmology in modern times, and is destined to form an interesting epoch in the history of this science. The parts situated in the centre, and at the bottom of the eye, heretofore inaccessible to the view of the observer, may now, by the aid of the opthalmoscope, be subjected to the most minute inspection, and their separate lesions recognized with the greatest precision.

The practical consequences, as regards diagnosis, prognosis and

consequently, treatment, following the invention of an instrument whereby this obscure cavity may be lighted up and examined, are of the highest importance. When, in this manner, we have inspected, one by one, all the parts in the interior of the eye without finding a lesion sufficient to explain the derangement of vision, then and not till then, are we justified in assuming a more deeply seated alteration, or in resorting to the hypothesis of an amaurosis *sine materia*.

The introduction of the opthalmoscope opens up a new field for investigation. Should I, by this little essay, contribute to direct the attention of my professional brethren in England and America to this newly acquired territory, and stimulate some of them to explore and develope its rich resources, my object will be attained.

Setting out with this view, I hope to be able to serve the interests of the profession by giving a concise idea of the principle upon which this new method of examination is based; of the construction of the opthalmoscope; and of the practical results to be derived from it.

Principle upon which the construction of the Opthalmoscope is founded.—The pigmentary layer of the choroid is not sufficient to account for the black appearance of the bottom of the eye, as seen through the pupil. The pigment would, indeed, absorb all the rays of light that enter the eye, were there no tissues situated anteriorly to it, capable of reflecting a portion of the rays. The vessels of the retina, and the optic nerve at its point of entrance, must certainly have this power. Besides, this, however transparent the retina may be supposed to be during life, a membrane so brilliant must necessarily reflect a larger number of the luminous rays that fall upon it.

Why, then, does the pupil ordinarily appear black?—It is only in the refracting properties of the eye that the explanation of this phenomena must be sought. Let us suppose that the eye to be examined looks at a luminous point. The rays projected into the eye from this point being refracted, will be concentrated at a point on the retina, and reflected in their turn by this membrane, they will again issue from the organ. But, since they must pass through the same media they had traversed on entering, they will undergo the same refraction, and be consequently collected at the point from which they first departed, in order to form there the retinal image.

From this it follows that we could see the retina of an individual only when he looked attentively at our own eye, which, in that case, would be the luminous point. But it is clear that the quantity of light which our own eye can project is too feeble to illuminate the bottom of the eye explored; and, in attempting to look

into the interior of that eye by the aid of ordinary daylight, we only intercept with our head the rays which should illuminate the cavity. Placed, in this manner, in the shade, the pupil will naturally appear black.

After these considerations, it is easy to comprehend the object to be kept in view in using the opthalmoscope. It is to throw into the eye, indirectly, a large quantity of light, in such a way that the observer, without intercepting the rays which enter, may receive directly into his own eye those reflected from the retina of the explored organ. With this view, any mirror may be employed, provided it be held obliquely with respect to the eye examined, and have a transparent spot, or a round hole, through which the observer may look.

Construction of the Instrument.—To Helmholtz, Professor of Physiology at Konigsberg, is due the invention of the first ophthalmoscope. The limits of my paper forbid a detailed description of his instrument. It is only necessary to add, that this ophthalmoscope, with all the modifications to which it has been subjected, has but very imperfectly fulfilled the desired end; since uot only the illumination which it affords is insufficient, but its complexion also renders it extremely difficult of application. My present object is, simply to describe the instrument of Dr. Anagnostakis, of which an account will be found in his original and admirable monograph above cited. Combining as it does the entire advantages of all the complicated and expensive ophthalmoscopes heretofore invented with the utmost degree of simplicity, facility of application, and portability, it will, without doubt, wholly supersede them. It is now exclusively used in France and Belgium, and the results of its application have been so satisfactory as to leave little else to be desired.

The insrument is composed of a small, round, concave mirror, about two inches in diameter, with a focal distance of four and a half inches; the silvered surface being accurately adapted to a plate of blackened copper. The centre of this little mirror is perforated by a small hole about three lines in diameter. Around the border of the glass and plate thus adapted is placed a brass rim, to which is attached a small handle of wood or ivory.

Method of using the Ophthalmoscope.—The pupil of the eye to be examined, if not already very large and fixed, should be previously dilated with atropine or belladonna. A dark room is selected; on a level with the patient's eye a bright lamp is placed upon a table as near as possible to the patient, who is seated beside it. The observer is seated upon a chair close in front of him, so that their eyes shall be upon the same level, and holds the mirror with the reflecting surface directed in such a manner that the rays reflected from the lamp are thrown upon the eye to be

examined. Then, applying his eye against the central hole the observer looks through it into the bottom of the eye thus illuminated; and, still holding the instrument constantly and steadily against his eye, he approaches towards or recedes from the patient till the reflection becomes small, brilliant, and oblong in form.

These are the general rules to be observed, and a little practice will give the surgeon that facility in the use of the instrument necessary to accurate observation.

A few words with regard to the appearances presented by the healthy eye are necessary to enable the reader to appreciate the pathological changes which the opthalmoscope reveals.

On first looking, as above directed, into an eye free from disease, the pupil is seen of a reddish color, but none of the deeper structures are distinguished. As the parts at the bottom of the eye are necessarily seen through a refracting medium, which varies in degree in different individuals, it is evident that the surgeon must approach towards or recede from the eye inspected, till the proper focus is found; he will then see red vessels traversing the bottom of the organ. When these blood vessels are distinctly recognised, it is certain that the proper focal distance is attained, and the retina is in view.

This point, once gained, should be steadily preserved, while the patient is directed to turn his eye-ball in different directions; thus all the parts of the retina are successively brought into the field of vision. When the globe is turned upwards and inwards, a spot usually circular is seen, much whiter than the surrounding parts, with a small umbilicated indentation in the centre, through which pass four blood vessels (two directed upwards and two downwards), which branch off to the different parts of the membrane. But very frequently these principal trunks divide before entering the globe, and then a larger number of vessels are seen coming in at the white spot formed by the entrance of the optic nerve Except this patch, which is quite white, the rest of the retina presents a reddish color, which becomes more decided towards the periphery.

I must now speak of the pathological changes which have been already revealed by the aid of the opthalmoscope. I shall adopt the natural order of noticing, first, the lesions that have their seat in the crystaline lens and vitreous humor; second, those confined to the essential organ of vision, the retina.

I imagine that no opacity of the lens, however slight, can escape detection by the use of this instrument. Certain it is that opacities which even materially interfered with vision, but which escaped the scrutiny of the most experienced eye, have been readily detected by a resort to the opthalmoscope. Some very eminent oculists have reported cases of this kind. I have seen, at the clin-

ic of M Desmarres, beautiful opaque streaks in two lenses, which had eluded all other means of examination. When seen by the aid of this instrument, opacities of the crystalline appear as greyish-brown patches or streaks, of various sizes and shapes, upon a reddish back-ground afforded by the illuminated retina. The importance, as to treatment and prognosis, of distinguishing the very commencement of cataract from impairment of vision produced by other more serious lesions of the vetreous or of the retina itself, is too obvious to need illustration. Who that has had even a limited experience in diseases of the eye has not seen patients with incipient cataract, tortured for months or years with leeches, cupping, blistering and a thousand pernicious drugs, under the supposition of a commencing amaurosis? And who has not been consulted by patients sent to be operated upon for cataract, in whom the lens was perfectly transparent?

The most common alteration of the vitreous humor is the appearance in its substance of deep brown or greyish corpuscles, in greater or less abundance. These bodies are of very various sizes and shapes. Sometimes we see only two or three large, irregular flakes, either floating separately in the liquid vitreous humor, or united to each other by a number of small filaments. At other times an immense number of smaller corpuscles, some angular, others in the forms of shreds, and others, again, resembling pieces of membrane with ragged edges.

As examples are always more interesting and instructive than general descriptions, I will give a short account of some cases which I have had occasion, within the last few weeks, to observe at the London Ophthalmic Hospital, in the presence of Mr. Dixon and Mr. Bowman, who have themselves seen some of the alterations which it is my object now to describe. It is with great pleasure that I take this opportunity of thanking the eminent surgeons of this Institution for the kind permission they have granted me of attending their extensive and interesting practice; and especially of continuing those observations with the ophthalmoscope which I had commenced at Paris with Dr. Anagnostakis, the ingenious inventor of the ophthalmoscope which I use. The few cases inserted in this paper were also examined by the latter gentleman, and his experience in the use of the instrument is an additional guarantee for the accuracy of these observations

Case 1. John C., aged 38, a farrier, states that fourteen years ago he received an incised wound of the lids of the right eye, but the globe was not touched, nor the sight injured. About the 1st of February last, a hammer-head, flying from the handle, struck him in the eye, rendering him for a few seconds insensible. On the return of consciousness he could not see with this eye. Two days after the accident, he applied at St. Thomas' Hospital, and

was told his eye was destroyed. Leeches, fomentations, etc., were resorted to for the relief of suffering. Some time afterwards he came to the Royal London Ophthalmic Hospital to consult Mr. Poland, and has been since under his care

Present Condition.—The patient still suffers occasional neuralgic pains in the eye and head. With this eye he distinguishes large objects, but very indistinctly; says, however, that his sight is slightly improving. The iris is separated from its ciliary attachment at the upper and external part, in more than a third of its circumference, and also at the lower and outer part to a somewhat less extent. Thus detached, this membrane is stretched across the aqueous chamber in the form of a rather narrow band above and below which the bottom of the eye is seen, presenting a black appearance as through the ordinary pupil. With the naked eye, nothing else can be observed; but with the ophthalmoscope a number of fine filaments, as of lymph, are seen extending from the inferior edge of this band to the original attachment of the iris. To the ciliary body above where the iris has been detached, adhere by one extremity a number of shreds that float in the aqueous humor. In the vitreous humor, many brownish flakes are seen floating freely about; they subside slowly to the inferior part of the cavity when the eye is quiet, and, when it moves, mount up into the vitreous again. The retina, as indistinctly seen through the turbid refracting media, has its normal appearances. In this case the impairment of vision is evidently not dependent upon a lesion of the retina, but upon the mechanical impediment to the passage of light to that membrane by the separation of the iris and the foreign bodies in the vitreous humor. These corpuscles are doubtless flakes of effused lymph, or clots of fibrin from the effusion of blood at the time of the accident. The extravasation of blood into the vitreous humor, except as a consequence of mechanical violence is very rare In a case, however, which I examined some time since with Mr. Bowman, there were seen, by the aid of the mirror, beautiful clots of blood floating in the substance of this humor; but while we were examining other patients the man went away, and I have not since been able to see him, so as to procure the history of his affection.

As alterations of the vitreous humor are generally accompanied by lesions much more serious of the retina, I will give under another head some additional examples of synchysis with floating corpuscles

Lesions of the Retina.—By far the most interesting pathological changes that occur in the eye are those involving the retina. The anatomical lesions that affect either directly or indirectly this delicate membrane are somewhat numerous; but I shall notice a

few only of the most prominent changes, and such as are very readily detected by the mirror.

Dropsy of the Retina.—By this is meant an effusion of a serous fluid beneath the retina, which detaches it from the choroid, and thus entirely annihilates its functions

CASE 2.—Thomas W., aged 38. As this patient is completely deaf, but little definite information could be collected as to his previous history. It seems that about sixteen years ago, after falling through the ice, he began to suffer pain in the right eye, with headache, giddiness, etc., and his sight failed so rapidly that in a few weeks he could distinguish no objects. Since that time his eye has remained in about the same condition. He still has occasional pains in the globe, and headache.

Present Condition.—The left iris is somewhat discolored, the pupil supernaturally dilated and sluggish; sub-conjunctival vessels enlarged, tortuous, and of a bluish color. This eye is very myopic, and the sight much impaired, but at a distance of about two inches he reads clear type.

The pupil of the right eye is largely dilated and fixed. There is varicosity of the sub-conjunctival veins, and a leaden hue of the scleretic; lens transparent. With the naked eye nothing else is seen—no perception of light.

With the ophthalmoscope the vitreous is seen to be slightly opaque, and containing a considerable number of brownish bodies resembling flakes of lymph, which are constantly agitated by the movements of the globe. The entire retina, separated from the choroid, is pushed forward by a clear liquid in the form of a pouch, which surrounds the entrance of the optic nerve, not unlike the air cushions used for sitting on in travelling. The entrance of this nerve is seen as a yellowish-white, circular spot, through which pass three blood-vessels, which mount up over the pouch formed by the retina, and, dividing into small branches, spread over its surface. This liquid pouch is thrown into beautiful undulations by the movements of the globe, and the vessels running over its surface alternately bend upon themselves, and elongate with the folding and unfolding of the waving retina.

There is here a large effusion of serum between the retina and the choroid, which has separated all their attachments, and entirely destroyed the power of perceiving even the strongest light.

CASE 3.—James F., aged 45, of robust constitution, enjoyed good sight till about four months ago, when, in running violently, he fell, and received a severe shock. About three weeks afterwards, accidentally covering the right eye with his hand, he perceived, to his astonishment, that he could not see with the left. He has never experienced the slighest pain or uneasiness in this

eye. Of objects placed before or to the right side of him he has not the faintest perception; but he recognizes very imperfectly large bodies situated towards his left side. The pupil is more dilated than the other, and immovable.

Examined with the mirror, the refracting media appear perfectly transparent. The retina presents no abnormal vascularity; but it is easy to recognize that this membrane, to a large extent, and all around the entrance of the optic nerve is elevated by a liquid, and it has a trembling movement during the oscillations of the eye. What is curious in this case is, that during these movements we do not see those deep folds which the membrane ordinarily forms in dropsy of the retina. Here the folds are superficial, and the undulations quite limited. These phenomena, taken in connection with the pearly color which the elevated membrane presents, can only be explained by supposing that the retina is raised up by a turbid liquid, as we often observe in pericarditis and other serous inflammations.

Case 4.—John R., aged 48, has been from childhood subject to blepharitis, but enjoyed good sight. About fourteen years ago he received an injury of the left eye from the explosion of a soda-water bottle. For some months afterwards he had inflammation and pain in the eye; these at length passed off, and left his vision unimpaired. Nearly nine years ago he received a blow upon the same eye with a fist, and instantly ceased to see. This injury was followed, during several months, by severe pain, which finally ceased. For several years he has been an occasional attendant at the hospital for the blepharitis, to which he is subject.

Present Condition.—The form and consistence of the globe are natural; conjunctiva, sclerotic and cornea healthy. The patient has not any perception of light, except when a bright lamp is held towards his right side; the iris at the internal part, for nearly two-thirds of its circumference, is separated from its ciliary attachment. With the naked eye, in a strong light, when sudden movements are communicated to the globe, vague and undefined undulations are seen at the bottom of the eye.

Examination with the Ophthalmoscope.—A great number of corpuscles are seen floating in the substance of the vitreous humor. The crystalline lens, as proved by the catoptric test, has entirely disappeared. Nearly the internal third of the retina is detached from the choroid, and pushed forward into the vitreous humor, in the form of a vesicle, filled with transparent liquid. When the globe oscillates, this vesicle is thrown into waves, which disappear when it is still. Two blood vessels pas over, and ramify minutely upon the surface of this pouch, and, during its undulations, alternately become curved and straight, not unlike

the long grass at the bottom of a clear running stream. The entrance of the optic nerve presents its usual appearance, but the part of the retina not detached from the choroid has a slightly opaque appearance, as if its meshes were infiltrated with a milky fluid.

Of the three well-marked cases of dropsy of the retina above described, there was only one in which the slightest appearance of the disease could be detected with the unaided eye. In the last mentioned patient the iris was detached to so great an extent as to allow the entrance of a great quantity of light, and even then only a faint glimpse of the waves of the detached retina could be perceived by the naked eye. With the mirror, nothing was easier than to see at once the character and extent of the lesion in all the cases. No magnifying glass was used.—*Medical Times and Gazette.*

From the London Lancet.

The Use and Abuse of Potassa Fusa and Potasa Cum Calce in the treatment of Uterine Diseaset. By HENRY BENNET, M. D.

More than nine years ago, Dr. Bennet first introduced potassa fusa and potassa cum calce as valuable agents in the treatment of uterine inflammation. They had since been used by many practitioners; but, he believed, not always with the caution which was imperatively required; and he was therefore anxious to lay down even more carefully than before, the rules which ought to be attended to in resorting to so powerful an agent. He had obtained cylinders of potassa cum calce, in the proportion of two parts of potash to one of lime, which did not deliquesce, and were nearly as manageable as nitrate of silver, and therefore free from many of the objections urged against potassa fusa. The conditions of local uterine disease in which he considered that caustic potash. or the actual cautery was applicable, were the following: Chronic inflammation or inflammatory ulceration of the mucous membrane covering the cervix, or lining its cavity, intractable to other treatment; chronic inflammatory hypertrophy of the cervix, also intractable to other means; and lastly, chronic inflammation of the body of the uterus, in which form of disease the potash is merely applied to the cervix to produce a derivative issue, as we would apply an issue to the back in disease of the spine.

In the first class of cases, the caustic potash is used to modify morbid vitality of the diseased tissues, and to substitute a healthy reparative action. In cases of hypertrophy, the elimination of a moderate sized eschar on the enlarged cervix is attended with acute congestion or inflammation of the subjacent hypertrophied tissues;

and under its influence the latter soften and melt. as it were, or are absorbed. The object was not to destroy the enlarged cervix, but to p ocure its absorption. When applied to the cervical canal, the caustic potash reached the mucous follicles concealed between the rugæ of the *arbor vitæ*, which are occasionally the seat of chronic inflammation, and resist every other means of treatment. Although caustic potash was one of the most valuable contributions ever made to uterine pathology, Dr. Bennet considered it an *ultima ratio*, a last resource, only to be employed when all other means of treatment, general and local, had failed If used cautiously, there was no danger whatever incurred by the patient; but if incautiously or imprudently employed, serious results might follow. The inflammation produced in the cervix might pass to the uterus. The vagina had also been compromised by the extension of the caustic; and in several cases. the potash having been employed too freely to the cervical canal, the os or canal had been nearly obliterated by subsequent contraction and adhesion of its parietes. To prevent these accidents, he advised practitioners never to attempt to destroy the hypertrophied cervix, as had been proposed, but to be satisfied by producing the eliminatory inflammation already described, to use the potassa cum calce cylinders which do not deliquesce; and when the potassa is applied to the cervical canal, to apply it very gently, and to pass a bougie through the canal once or twice a week for six weeks — Dr. Bennet never resorted to this treatment in passive hypertrophy, either of the cervix or uterus, which he thought might be left to nature, time and general treatment. It had been often stated that the use of caustic potash to the cervix left indurated cicatrices, which might impede subsequent labors. This was by no means the case. So far from producing induration, this mode of treatment removed it, and facilitated parturition. Indeed, he was becoming more and more convinced of the truth of a statement he had made many years ago, that rigidity of the os in labor was nearly always the result of previous inflammatory diseases.

From the Monthly Jour Med.

Conclusions respecting Injections of Iodine in Ovarian Dropsy. By Professor SIMPSON.

Within the last year Dr. Simpson has, subsequently to tapping, injected into dropsical ovarian cysts the tincture of iodine in seven or eight cases. For this purpose he has employed the common tincture of iodine of the Edinburgh Pharmacopeia, undiluted. He has usually thrown into the cysts two or three ounces of the tincture. In some cases he has allowed a portion

of the injected fluid to re-escape; in others, has retained the whole of it in the sac of the cyst that was tapped. From these cases he drew the following conclusions:

1. In none of the cases of ovarian dropsy, treated with iodine injections after tapping, has he yet seen any considerable amount of local pain follow the injection, with one exception; in most instances no pain at all is felt: and in none has constitutional irritation or fever ensued. In the one exceptional case considerable local irritation followed, and the pulse rose to 110; but the same phenomena occurred in the same patient after previous tappings without iodine being used.

2. While the practice seems thus so far perfectly safe in itself, it has by no means proved always as successful as in hydrocele in preventing a re-accumulation of the dropsical fluid; for in several instances the effusion into the sac seems to have gone on as rapidly as after a simple tapping without iodine injection.

3. But, in two or three of the cases, the iodine injection appears to have quite arrested for the time being the progress of the disease, and to have produced obliteration of the tapped cyst, as there is no sign whatever of any re-accumulation, though several months have now elapsed since the date of the operation.

Lastly. Accumulated experience will be required to point out more precisely the special varieties of ovarian dropsy most likely to benefit from iodine injections, the proper times of operating, the quantities of the tincture to be injected, and other correlative points. Perhaps the want of success in some cases has arisen from an insufficient quantity of iodine being used, and from the whole interior of the cyst not being touched by it. The greatest advantage would, of course, be expected from it in the rare form of unilocular ovarian cysts. In the common compound cyst, the largest or most preponderating cyst is usually alone opened in paracentesis; and, though it were obliterated, it would not necessarily prevent some of the other smaller cysts from afterwards enlarging and developing into the usual aggravated form of the disease.

From the Southern Med. and Surg. Jour.

Obstinate Quartan successfully treated with Chloride of Sodium. By J. S. WILSON, M.D., of Ala.

Participating in the desire. now so prevalent in the profession, to obtain that great *desideratum*, a cheap and efficient substitute for the costly operations of Cinchona, in the treatment of intermittents, I have been induced to try common salt, in accordance with the recommendations of M. Piorry, Professor Dugas, and

others. And as the desire alluded to can be consummated only by experiments and reports, to which each should contribute a share, I hope that no apology is necessary for reporting even a single case, especially when its interest is somewhat enhanced by an obstinacy which defied the more ordinary and established remedies.

CASE.—On the 24th of March I was requested to prescribe for G. W., a young man of sanguine temperament, and of sound constitution naturally; but this had been impaired by frequent attacks of intermittent fever, which had produced, as usual, a pale cheek, and tumid spleen. These effects were accompanied by headache, mental and corporeal torpor, together with that indescribable sense of general indisposition characteristic of this abominable disease. And, as an evidence of the severity of the paroxysms, it may be added, that the last mentioned symptoms were persistent, continuing more or less on his "well days." He stated that several physicians had prescribed for him—that they had given him opium, and (perhaps) quinine, &c., &c., without "breaking them;" and I had myself, several weeks previously, put him on Fowler's solution, with the same unsuccessful result.

Prescription: Blue mass. 10 grs., to be followed by castor oil if necessary. Then, on chill-day, (26th,) begin ten hours before the time of the paroxysm, and take one of the following powders every two hours, with camphor mixture and laudanum, in willow-bark tea. ℞ Chloride of sodium, 360 grains. Make six powders.

27th. Says that he had his paroxysm at the usual time, and that it "shook him worse than usual;" pain in side (spleen) less, while fever was on: this was shorter also. These symptoms considered favorable.

Prescription: Omit all other remedies, and take 60 grs. chloride sodium, three times a day, on well days. Then begin nine hours before chill time, (29th,) and take 40 grs. of the same every hour, in warm gruel.

31st. Has had no paroxysm. Take Fowler's solution, 5 gtt. *ter in die*, as a prophylactic.

Remark.—The cure in this case must be attributed to the salt, as he took nothing else on the 29th; for it can hardly be supposed that the gruel had any agency in it.

BOOK NOTICES.

Auscultation and Percussion. By Dr. Joseph Skoda. Translated from the fourth edition, by W. O. Markham, M. D., Assistant Physician to St Mary's Hospital. Philadelphia: Lindsay and Blakiston, 1854.

This is an octavo volume of 380 pages, done up in excellent typographical style. The author has long been one of the most eminent clinical teachers on the continent of Europe, and his work is not a mere elementary treatise, designed for the use of of students. On the contrary, it claims to present important discoveries and original views, differing essentially from those entertained generally by the profession. These proposed improvements are two fold—1st, in relation to the principle on which pulmonary sounds are to be explained; 2nd, a more simple arrangement and nomenclature. The theory or principle by which he attempts the explanation of some of the more important thoracic sounds, he terms *consonance*, and is explained in the following paragraph from the Translator's preface, viz:

"The voice passes into the parenchyma of the lungs through the medium of the air in the trachea and the bronchial tubes, and is not propagated along their walls; it traverses healthy, as readily as it does hebaptized lung, and even somewhat more readily: consequently, bronchophony does not depend upon an increase of the sound-conducting power of consolidated pulmonary tissue; moreover, when the lung is consolidated, the thoracic voice increases and diminishes in force, without any concurrent change taking place in the condition of the lung; this variation in its strength evidently results from the circumstance of the bronchial tubes being at one moment blocked up by mucus, etc., and at another freed therefrom by the cough and expectoration, etc.: if the bronchophony depended upon conduction of sound, it would be a matter of indifference whether the tubes contained air or fluids. It must not be forgotten, that, according to the ordinary laws of reflection of sound, the more solid the parenchyma the more difficult does the passage of the sound from the air into it
become

"That the air in the mouth and nasal cavities consonates with sounds formed in the larynx, is proved by the fact of the changes which the voice undergoes through opening and closing the mouth and nose, whilst the condition of the larynx remains unaltered; just in the same way does the air in the trachea and bronchial tubes consonate with the laryngeal sounds. Now, air consonates only in a confined space, and the form of the consonance depends upon the form and size of the space, and upon the nature of the walls forming it: the more solid the walls, the more completely will the sound be reflected, and the more forcible the consonance. The cause of the loud voice produced by a speaking-trumpet is well known. But the air will consonate with certain sounds only; in the trachea and bronchial tubes, it becomes consonant with the laryngeal voice, in so far as their walls have a like or an analogous character to the walls of ihe larynx, of the mouth, and of the nose. Within the cartilaginous walls of the trachea and the bronchial trunks, the voice consonates nearly as forcibly as in the larynx; but as the bronchial tubes divide in the lungs, they lose their cartilaginous character, becoming at last merely membranous in structure, and therefore very ill-adapted for consonance; when, therefore, the consonance is increased in these latter tubes, we may be sure either that the membrane forming them has become very dense or cartilaginous, or that the tissue around them is condensed and deprived of air, whereby the sound-reflecting power of the tubes is increased. Of course the communication between the air in the tubes and the air in the larynx must be uninterrupted.

"The walls of a confined space frequently vibratein unison with sounds excited within it, as do those of an organ-pipe, or of a speaking-trumpet. The larynx vibrates with every sound, and its vibrations are perceptible at a considerable distance from their point of origin; so, also, must the walls of the bronchial tubes, which are distributed through the parenchyma of the lungs, vibrate when the voice consonates within them; and the vibrations thus excited will extend to the surface of the thorax, passing through several inches of thick, fleshy parts, or of fluids, and manifest themselves there as the consonating sounds of the bronchial tubes."

Though the work is too controversial and erudite to be placed in the hands of students as a text-book on physical diagnosis, yet it is worthy of careful study hy the practitioner, and should be in the library of every one who would be thoroughly acquainted with the progress of our profession. We may analyze its peculiar doctrines more at length hereafter.

Principles of Comparative Physiology. By WILLIAM B. CARPENTER, M.D., F.R.S., Examiner in Physiology and Comparative Anatomy in the University of London; Professor of Medical Jurisprudence in University College, etc., etc. With 309 wood engravings. A new American from the fourth and revised London edition. Philadelphia: Blanchard and Lea.

For several years past a valuable work has been before the public from the pen of Dr. Carpenter, entitled "Principles of General and Comparative Physiology." The volume before us is a new edition of that part of the former work, relating to *Comparative Physiology.* It is perhaps better entitled to the appellation of a new and greatly enlarged work on that part of the subject. It is a large octavo volume of 752 pages, reprinted in the best style of Blanchard and Lea, of Philadelphia.

It is one of those works which the genuine student will ever peruse with pleasure. Dr. Carpenter is one of the few prolific writers, who combines a fair share of reflection and originality of thought with the qualities of a good compiler. He is full in description, and copious in the detail of facts, without being tedious; and in the present work he has given us a full and well arranged exposition of the actual condition of the science of comparative physiology. This volume is especially valuable to the majority of American students, for it contains a vast amount of valuable matter gathered from the works of other authors, to which they have no access. The work is divided into fifteen chapters, embracing the following topics, viz: "On the General Plan of Organic Structure and Development;" "General View of the Vital Operations of Living Beings, and their Mutual Relations;" "Of Aliment, its Ingestion and Preparation;" "Of Absorption and Imbibition;" "On the Circulation of the Nutritive Fluid;" "On Respiration;" "On the Exhalation of Aqueous Vapor;" "On Nutrition;" "On Secretion and Excretion;" "Evolution of Light, Heat, and Electricity;" "On Generation and Development;" "Of the Sensible Motions of Living Beings;" "Of the Functions of the Nervous System;" "Of Sensation, and the Organs of the Senses;" "Of the Production of Sounds by Animals."

The reader will readily perceive, by this list of subjects, that the work of Dr. Carpenter embraces a wide and very interesting field of study. We are sorry, however, to find it, like his great work on human physiology, strongly imbued with the chemico-physiological doctrines of M. Liebig. This is especially the case with the chapters on Aliment and Digestion, and on Animal Heat.

In relation to the first, he says:

"The general facts which appear to have been substantiated, in regard to the mode in which the animal body is sustained by food, may be thus summed up:

"I. The waste of the tissues, of which *albumen* or *gelatine* is the basis, must be supplied by albuminous compounds, whether these be derived from the animal or from the vegetable kingdom. The amount of this 'waste,' and consequently the demand for albuminous aliment, depends essentially upon the degree of vital activity which has been put forth, and especially upon the exercise of the nervo-muscular apparatus; and therefore, *cæteris paribus*, it is greater in cold-blooded animals in proportion to the *elevation* of the external temperature.

"II. The materials of the *adipose* tissue, and the oleaginous particles which seem requisite in the formative operations of the system generally, are derived, in the carniverous races, from the fatty substances which the bodies of their victims may contain; whilst the herbivorous not only find them in the oleaginos state in their food, but have the power of producing them by the conversion of farinaceous and saccharine matters.

"III. The foregoing statements are applicable to all tribes of animals, 'cold-blooded' as well as 'warm-blooded;' we have now to consider the special case of the latter. In the *carniverous* tribes the 'waste' of the tissues is so great, in consequence of the restless activity which is habitual to them, that it appears to furnish a large proportion of the combustible material required for the maintenance of their proper temperature. The remainder is made up by the fat of the animals upon which they feed; and it is to be observed that the amount of this is much greater in the bodies of animals inhabiting the colder regions of the globe, than in the inhabitants of tropical climates. In the *herbivorous* tribes, the case is different. They are, for the most part, much less active; and the 'waste' of their tissues consequently takes place in a less rapid manner, and is far from supplying an adequate amount of combustible material, especially in cold climates. Their heat is in great part sustained by the combustion of the saccharine

and oleaginous elements of their food, which are appropriated to this purpose without having ever formed part of the living tissues; and the demand for these will be larger in proportion to the *depression* of the external temperature, a greater generation of caloric being then required to keep up the heat of the body to its proper standard.

"IV. Hence 'cold-blooded' animals can usually sustain the privation of food longer than warm-blooded; and this more especially when they are kept *cool*, so that they are made to *live slowly;* and death, when at last it does ensue, is consequent upon the general deficiency of nutrition. On the other hand, 'warm-blooded' animals, whose temperature is uniformly high, must always *live fast;* and deprivation of food is fatal to them, not only by preventing the due renovation of their tissues, but also by destroying their power of sustaining their heat. The duration of life under these circumstances depends upon the amount of fat previously stored up in the body, and upon the retardation of its expenditure by external *warmth*, or by the inclosure of the body in non-conducting substances; and there is evidence that, if this be duly provided for, and all unnecessary waste by nervo-muscular activity be prevented, the life of a warm-blooded animal may sometimes be prolonged for many weeks without food."

And on the production of heat in animals, he says:

"We have now to inquire what are the conditions of the evolution of Heat in the animal economy. That many of the nutritive processes are subservient to it, can scarcely be doubted; but it seems peculiarly to depend upon those changes in which the function of respiration is concerned—viz: the union of oxygen derived from the atmosphere, with compound of hydrogen and carbon existing in the living system. Wherever the æration of the blood is extensively and actively carried on, there is a proportionate elevation of temperature; and, on the other hand, wherever the respiration is naturally feeble, or the æration of the blood is checked by disease or accidental obstruction, the temperature of the body falls. Thus, in spasmodic asthma, the temperature of the human body during a paroxysm has been found as low as 82°; in the Asiatic Cholera, a thermometer placed in the mouth has indicated but 77°; and in Cyanosis, (or "blue disease," arising from malformation of the heart impeding perfect arterialization, § 262), the same low temperature has been observed. Again, whenever the temperature of an animal is, by any extraordinary stimulus, quickly raised above that which it was previously maintaining, it is always in connection with increased activity of the respiratory movements, and increased consumption of oxygen. Thus, during the incubation of bees, the insect, by accelerating

its respiration, causes the evolution of heat and the consumption of oxygen to take place at least *twenty* times as rapidly as when in a state of repose. Now it has been seen that arterial blood contains a larger proportion of oxygen than exists in venous blood; whilst, on the other hand, the latter contains a larger proportion of carbonic acid than exists in the former (§ 318); and it seems obvious, therefore, that during the passage of blood through the capillaries, a part of its oxygen has been exchanged for carbonic acid. The source of this product is evidently the union of atmospheric oxygen with carbon, furnished by disintegration of the tissues, or (more directly) by the elements of the food (§ 116); and by this union, caloric must be generated, precisely as by the more rapid union of the same materials in the ordinary process of combustion. Further, since these materials yield hydrogen as well as carbon, and since more oxygen almost always disappears from the air which has been respired, than is contained in its carbonic acid (§ 319), it seems probable (although this cannot be demonstrated) that this element also is subjected to the combustive process, with a further generation of caloric; and that of the water which is exhaled from the lungs, a part has been thus produced Further, there can be no doubt that other combustive processes take place in the system, although these may be the chief; for example, of the sulphur and phosphorus which the albuminous components of the food contain, the greater proportion is thrown off by the urinary excretion (§ 389, viz) in the condition of phosphoric acid, having been combined with oxygen in the system. When all these actions are taken into account—when the amount of heat that should be generated by the production of the quantity of carbonic acid found in the air expired during a given time, is carefully estimated, and the oxygen which has disappeared is considered as having been similarly employed in other combustive processes, especially in the formation of water—it is found that the total so closely corresponds with the amount of heat *actually* generated by the animal during the same time, that it can scarcely be doubted that this process is the main source of calorification."

In these paragraphs we have not only a repetition of Liebig's theories, but also a close imitation of his mode of reasoning.

Aliments are divided into *nitrogenous* and *non-nitrogenous*, or carbonaceous. The first, especially in all the warm-blooded and higher classes of animals, is appropriated to the nourishment of the tissues of the body, while the latter is simply converted into fat, or burned off with the oxygen received by respiration, to

support the temperature of the animal. Such is the theory; but what are the facts on which it rests? They are, first, the greater analogy in composition between the albuminous tissues of the animal and the nitrogenous constituents of food; second, that carbon and oxygen unite to produce combustion and the development of caloric out of the body, and hence it is claimed that their union in the living body, however slow and under whatever circumstances it may take place, would be productive of the same ultimate effects, viz.: the production of sensible caloric; and third, that the necessity for the production of caloric in warm blooded animals being greater in cold climates than warm, it is assumed that the inhabitants of high northern latitudes habitually consume a much larger amount of *non-nitrogenous* or carbonaceous matter, than those between the tropics. These alledged facts are all *general* and bear only a remote relation to the conclusions sought to be deduced from them. It may be strictly true that the composition of muscular structure, for instance, bears a closer analogy to that of animal albumen and vegetable gluten, than to starch, sugar or oils; and yet it by no means proves that the first is nourished *exclusively* by the second. Again, it may be true that certain barbarous tribes in high northern latitudes habitually eat large quantities of whale-blubber and other oleaginous matter, but this fact alone does not prove such oleaginous matter is appropriated exclusively to the support of combustion and animal heat. It would be quite as rational to conclude that they eat this because they can get nothing better, and the fact that they are compelled sometimes to live for many days almost exclusively on such oleaginous substances, and at the same time present a good degree of health, and also full nutrition of the muscular and albuminous tissues, rather militates against the idea that nature actually preserves any such arbitrary division of the proximate elements of food, appropriating one exclusively to the nourishment of one set of tissues and another to a different purpose. But it is not really true that the inhabitants of the earth eat carbonaceous food in proportion to the coldness of the climate in which they are placed. On the contrary, we find individuals and whole communities liv-

ing on almost exclusively carbonaceous food in every climate from the equator to the polls.

Thus, the whale blubber and the white bear's meat, so often eaten by the tribes that roam over the frozen regions of the north, is not any more carbonaceous than the oat-meal of Scotland or the *rice* of India, on which millions feed with scarcely a pound of animal food once a year. And yet the men of Southern Asia, who live almost exclusively on rice, present as strong a development of the muscular and nitrogenous tissues as any other inhabitants of the earth. But as we have already said, such facts relating to whole tribes and communities are too remote and general to be of value in determining the specific appropriation of particular proximate elements of food. This must be done by more direct and careful observation. We became satisfied several years since that the whole theory of Liebig in relation to the *combustion* of the carbonaceous elements of food and the almost exclusive appropriation of the nitrogenous elements to the nourishment of the tissues was essentially erroneous. At the meeting of the American Medical Association in Charleston, S. C. May 1851, we read a paper detailing a series of experiments, the results of which were directly adverse to the views of Liebig and Carpenter. That paper was a few months after published in this Journal. Since that time the experimental researches of M. Bernard, M. Dumas, M. Brown-Sequard and many others, have been making constant inroads upon the Geissen Professor's chemico-physiological doctrines. We deem it a serious fault, both in the present work of Dr. Carpenter and the one on Human Physiology, that the doctrines of Liebig are set forth too much as established truths. In this the author has not displayed that critical research and close analysis which the present state of physiological science demands. Aside from this, however, the volume before us is one of great value. We wish it could be thoroughly read by every American student. One of the prevailing faults of our profession in this country, arises from a restricted and narrow field for study. Our students limit themselves too much to the mere text-books of the profession. They study man in his healthy and morbid conditions in a manner too isolated—too much cut off from his connection with, and

relations to, the rest of animate nature. Their eyes are fixed too exclusively on a single link in the great chain of living beings. Hence the light which is shed on the physiology of man by the progressive development of different species of animals is, to them, lost; and they are apt to embrace as truths, that which a wider scope of investigation would show to be error, or only partial truth. Then again, they fail to gain that enlarged view, that elevation of thought, and that sublime enjoyment which is derived from a survey of nature in her length and breadth, and a clear perception of the adaptation of each item to its appropriate end. We repeat our wish that every American Medical Student would procure Dr. Carpenter's work, and read it carefully. D.

The Principles of Animal and Vegetable physiology; A popular Treatise on the functions and phenomena of Organic Life. To which is prefixed a General View of the great departments of human knowledge. By G. STEPHENSON BUSHNAN, M. D., Physician to the Metropolitan Free Hospital, &c. &c., with 102 illustrations on wood. Blanchard and Lea, Philadelphia, 1854.

This is a re-print from the London edition, of an Octavo volume of 294 pages. It is composed of two parts. The first is "on the nature, connexions and uses of the great department of human knowledge." The second is on "the Physiology of Animal and Vegetable Life." The book is designed, not for *professional*, but for *popular* reading, and study. It is written in good style, and though necessarily brief in the discussion of the great science of Physiology, it presents that science in its true state, the author being well versed in the recent improvements which have been made in the branch of knowledge on which he writes. As a popular treatise for the general reader, it is doubtless one of the best now before the public.

The principal Forms of the Skeleton and of the Teeth. By Professor R OWEN, F. R. S., &c. &c., Author of "Odontography," "Lectures on comparative Anatomy," "Archetype of the Skeleton," "On the nature of *Limbs*," "History of British Fossil Mammalia, &c. &c." Philadelphia, Blanchard and Lea, 1854.

This is also an Octavo Volume of 229 pages, re-published from

the first London edition. The author is one of the most distinguished cultivators of natural history and comparative anatomy; and his book though brief, is nevertheless highly interesting and valuable. Like the preceding, it was written chiefly for the general reader, and they both constitute a part of a series of works published in London, and styled "Orr's Circle of the Sciences." The present volume will well repay a careful perusal even by the professional reader.

A Popular Treatise on the Skin and Hair, their Preservation and Management. By ERASMUS WILSON, F. R. S.. Author of a Treatise "on Diseases of the Skin," A System of Human Anatomy," &c. &c. Second American, from the fourth and revised London edition; with illustrations. Philadelphia: Blanchard and Lea, 1854

Former editions of this work have been before the public for a considerable time, and its merits are consequently well known. As its title imports, it is designed for the *general* rather than the professional reader, and is well calculated to impart knowledge of much value to all classes.

EDITORIAL.

EDITORIAL GLEANINGS.

Yellow Fever at Savannah.—The epidemic at Savannah has been unusually severe; and the members of our profession have suffered in a ratio fully equal to that of any other class. We learn that Drs. Schley, Wells, Ellis, Gordon, Harris and Wildman, have all fallen victims. The two last named in the list had only a short time previous to their death published statements strongly recommending the Muriated Tincture of Iron, as a remedy of great value in the treatment of Yellow Fever. Concerning it Dr. Wildman uses the following strong language, viz.:

"I have treated over one hundred and fifty cases of Yellow Fever since the 21st ult., (August), and of that number not one has died who commenced this remedy prior to Black Vomit. Since the 21st ult., I have not administered five doses of any other medicine. I give the tincture in doses varying from 20 to 60 drops every two hours in a tablespoonful of water for adults; and smaller doses for children. The cure is generally perfected in three days. This preparation of iron acts by medicating the blood and exerting styptic qualities upon the coats of the stomach."

It may be a very valuable remedy, but it appears not to have saved those who had the most implicit confidence in its virtues. But while the resident physicians are falling rapidly one after another, other members of the profession do not hesitate to take their places. Drs. Bacon and Brantley went into the city and offered their services in the midst of the epidemic. Such conduct evinces a nobler *heroism than that of Napoleon or Alexander the Great.*

Fractures of the Humerus.—Prof. F. H. Hamilton, of Buffalo recently read a paper before the Erie county Medical Soci-

ety, in which he recommends Fractures of the Humerus to be dressed with the *arm straight* and a *long splint fitted* to its *whole length.*

The object is to prevent motion at the elbow-joint, which also moves more or less the fragments of bone and adds to the risk of leaving non-union.

Fissures of the Rectum.—Both Sir Benj. Brodie and Mr. Quain, claim that Fissures in the rectum can be completely cured by simply dividing the skin and mucous membrane without laying open the sphincter ani. This is a very desirable modification of the operation if it proves generally successful.

Treatment of Cancer.—Both Professor Arnott, of London and Bennet of Edinburgh, recommend the treatment of scirrhous tumours of the breast by the application of intense cold. A mixture of pounded ice and salt is to be applied daily five minutes at a time.

It is said to remove the pain and cause the tumor to decrease very much in size. It is worthy of fair trial.

Anti-Periodics.—Dr. Bailey, of Emmettsville, Indiana, in his inaugural thesis published in the Western Lancet, recommends *Nitric Acid* as an efficient anti-periodic for the cure of intermittent fever.

He gives it in doses of from five to eight drops diluted in water, and repeated every six hours, without reference to the febrile exacerbation.

Efficiency of Vaccination.—Dr. Seaton, in a report recently read to the Epidemiological Society of Great Britain, gives the following valuable statistics, viz.:

"(A.) Table showing the average of deaths from small-pox out of every 1000 deaths from all causes, within the bills of mortality, for decennial periods, during the last half of the last century, (the half century preceding vaccination):—

For the 10 years ending	1760	100	in every	1000
" "	1770	108	"	"
" "	1780	98	"	"
" "	1790	87	"	"
" "	1800	88	"	"

"(B.) Table showing the average of deaths from small-pox out of every 1000 deaths from all causes, within the bills of mortality, for decennial periods, during the first half of the present century (the half century succeeding the introduction of vaccination).

For the 10 years ending	1810	64	in every 1000
" "	1820	42	"
" "	1830	32	"
" "	1840	23	"
" "	1850	16	"

These facts demonstrate very clearly the safety and value of the grand discovery of Dr. Jenner.

Quack Remedies.—At the late meeting of the American Pharmaceutical Association, the following suggestions were adopted concerning a subject of some importance, viz.:

"That the desire for medicine can be gratified in a legitimate way by regular officinal preparations;

That it is the duty, as well as interest, of the apothecaries and druggists to advocate the use of the officinal preparations in lieu of the quackery of the day;

That it is the rightful interest of the regular pharmaceutists to divert the thousands, which now annually flow into the coffers of quacks, into their own limited stores, where of right it belongs.

This can only be done by a united and sustained action on the part of the pharmaceutists and druggists of the Union, by which they will practically refrain from the sale or advocation of secret medicines, and substitute regular officinal compounds for them, correctly labelled with name and directions for use.

This course should receive the sanction of physicians, as the only one likely to remedy the evil, as the tendency to take medicine *ad libitum* is a feature of the Anglo-saxon race, duly inherited by

the American people, which, whatever may be its faults, is as much their nature as is the love of political and personal freedom."

Narcotism by Opium.—In the October number of the American Journal of Medical Sciences, Dr. W. R. Bullock, of Delaware, relates a case in which a man of intemperate habits, aged about 40 years, on retiring to bed at 10 P.M., was supposed to have taken over two ounces of Laudanum. His unusual breathing attracted the attention of his wife, and Dr. Bullock was called at 12 o'clock, two hours after the poison had been swallowed.

He describes the symptoms as follows, viz.: "Found him lying on his back on a truckle-bed; countenance palid and bathed in a cold prespiration; lips somewhat livid; eye-balls turned up beneath the lids, and fixed; pupils contracted and immoveable; head hot; insensibility to external impressions profound; respirations three to four per minute, jerking, and somewhat stertorous; extremities warm; pulse accelerated, full and hard.

The treatment consisted in venesection to the extent of 12 oz., the application of cold to the head, sinapisms to the extremeties, and an enema to move the bowels, before positive evidence of his having taken the laudanum was obtained. Then an unsuccessful attempt was made to introduce the stomach tube, for the purpose of removing the contents of that organ. The patient continuing to fail, by one of Kinne's electro-magnetic machines, currents of electricity were passed through the muscles of the chest, the abdomen, and the diaphragm, and the effect kept up continuously. Sinapisms were also kept applied over the spine. His respiration increased slightly in frequency, and his pulse remained good. About 4½ A M. the patient awoke, and spoke to those around him, and remained conscious about three quarters of an hour. During this time his respiration was more frequent, but sighing, and his pulse became full and hard. He swallowed some ammonia and cold water with difficulty, and the electricity was discontinued. After the length of time mentioned he broke out in a profuse sweat, and rapidly sunk into a stste of more profound unconsciousness and depression than at first. The application of

electricity was again resumed, the currents being passed not only through the muscles of the chest and abdomen, but also along the medulla oblonga and spine. The greatest effect was produced when the current was passed in the direction of the sphrenic nerve. This treatment was kept up until 1½ P. M., when the patient again suddenly awoke to consciousness, and recognized those around him. His respiration, though still slow and sighing, was improved; and the pulse became stronger, while the head was very hot. Feeble momentary currents of electricity were now continued, cold water applied to the head, sinapisms continued over the spine and extremities, while cold water, ammonia, strong coffee, and beef tea were given immediately. The patient continued from this time conscious, and slowly recovered, having been in a state of profound depression and unconsciousness, except an interval of three quarters of an hour, during 14 hours. It was noticed throughout that the heart's action was much less diminished than the process of respiration.

During the past summer, I was called in consultation to see a case of extreme narcotism. A nursing child, aged about 9 months, had been affected with diarrhœa, and the father gave her, about 8 A. M., half a tea-spoonful of what he had purchased at a drug store for Paragoric or Camphorated Tincture of Opium. The vial was also labelled *Paragoric*, but on examination its contents were found to be *Laudanum*. In a short time after the medicine was taken the child exhibited signs of spasms, and rapidly sunk in a profound stupor. The father, alarmed at its appearance, took it in his arms to the office of Dr. G. B. Page, which was near by. Before the Doctor saw it, however, the child was already entirely unconscious, and incapable of swallowing. The face was pale, the pupils contracted, the pulse feeble, and the respiration extremely slow, being not more than from three to five inspirations per minute; and if allowed to remain 15 or 20 minutes at rest, the respiration would seem to cease, and the pulse become extremely feeble. Dr. Page being satisfied that the laudanum had nearly disappeared from the stomach by absorption, made no attempt to introduce the stomach tube or evacuate the stomach in any way. To keep up respiration, however, he directed every five minutes a

stream of cold water upon the head and chest, keeping it wrapped during the intervals in warm blankets. The cold invariably quickened the respirations for a time, and by its faithful repetition the child was apparently kept alive until I saw it at 4 P. M. It was then in the same condition as above described. I advised the dashings of cold water to be continued, and as nothing could be swallowed, I recommended the use of enemas of strong tea, repeated every half hour. This was done, and about 5 P. M. the child began to manifest signs of consciousness, and from that time rapidly recovered. There was a slight degree of febrile reaction and heat of head after the return of sensibility, but none before.

Precocious Infant.—In Morland's Extracts from the Boston Society for Medical Improvement, published in the American Journal of Medical Sciences for Oct 1854, Dr. Blake relates the following case: "May 11th, attended Mrs. H., in her fourth confinement. After a tedious, though not severe labor, she was delivered of a female child, unusually vigorous, and weighing at birth, eleven and a half pounds. On the third day subsequent, while visiting his patient, the nurse asked, 'Doctor, do you see our baby laugh?" Incredulous he crossed the room—but to his surprise, the infant returned an answering smile to the caresses of the nurse. With a look of intelligence, it turned to the father who stood over it as he patted its cheeks, and as quickly turned its eyes on Dr. B., when he did the same; and when he stepped aside, its gaze followed him (attracted, he supposes, by his spectacles) until, being out of view, it cried aloud; returning to its side, a smile of pleasure again greeted him, and the cry was once more repeated when he ceased to notice the little one. There was unmistakable evidence of pleasurable and sad emotions; and showing the distinct recognition of sensible objects, by an infant as yet scarcely sixty hours old. That it was no accidental circumstance the like manifestations, which were daily noticed afterwards, sufficiently prove."

Powerful Effects of Small Doses of Opium.—Dr. Morland relates a case on which a man on going to bed at 10 P. M., swal-

lowed by mistake, a pill containing *five* grains of solid opium. The next morning he was found lying on his left side breathing with an occasional snore; he was bathed with perspiration, which, increased by warm coverings, had soaked his night-flannel and shirt completely, had wetted the sheets and pillow-case, and even the ticking of the bed."

Every effort to arouse him produced but slight effect. An emetic of salt and water was given, and though vomiting was induced, he was aroused only momentarily. Strong coffee was administered with no better success. Injections of soap and water were administered, and a purgative of calomel, jalap, and ipecac. This not operating, and no change being induced after waiting some hours, 1½ drops of Croton oil were administered. This was followed by a moderate fecal discharge in about three quarters of an hour, and also a free flow of urine. He continued, however, soporose, pale, with pulse 68 or 70, and feeble until evening, when he rather suddenly became wakeful and restless. From that time he gradually recovered his usual health. Speaking of the small amount of opium which will sometimes produce dangerous effects, Dr. Christison records a case in which "four and a half grains of opium, combined with nine grains of camphor, given to an adult, proved fatal in nine hours." And Dr. J. B. S. Jackson has reported a case in which *five drops of laudanum* injected into the rectum of a child 18 months old, proved fatal in *six hours*. It will be seen from the foregoing that fatal results have followed the exhibition of smaller quantities of opium than some physicians recommend to be freely given in the treatment of dysenteries and fevers. It must be borne in mind, however, that the capability to bear with impunity any given quantity of opium depends very much on the condition of the patient. Thus, the quantity of opium which the same child would receive without any serious effects while laboring under an active dysentery, would prove speedily fatal if given during the existence of a bronchial or pneumonic inflammation.

Epilepsy Treated by Ligation of Carotid.—In the American Journal of Medical Sciences for Oct. 1854, Dr. Joseph B. Brown

of the U. S. Army, relates a case of epilepsy of several years duration and of great severity, which was cured by trying the common carotid of one side. The patient was a female, aged 22 years, and had suffered a convulsive paroxysm every hour in the twenty-four; yet she retained all her mental faculties perfect, and no cause could be detected adequate to account for the existence of the disease except the disordered circulation of blood in the brain. Dr. B. ligated the common carotid on the right side above the omohyoides muscle. No bad symptoms followed, and the patient has had no paroxysms of epilepsy since, a period of five years having now elapsed. No chloroform was used during the operation. D.

Medical Humbugs.

We presume our readers generally are aware that Dr. James McClintock, late Professor, &c., has sold himself to a New York druggist. We saw at the time numerous notices of his professional back-sliding; but it had almost escaped our memory till we were reminded of it this morning by a benevolent darkey, who thrust one of the extinguished professor's circulars into our hands. The following certificate indicates the reasons for the sale:

CERTIFICATE.

This is to certify that I have placed in the hands of Messrs. A. Cushman & Co., New York, the recipes of my "Family Medicines," with my full authority to prepare and offer them for popular use. They are such as I have been in the habit of recommending and prescribing for many years, and their composition is well known to hundreds of regular physicians who have been my students, and who are, many of them now practising with distinguished success in all parts of the country. My inducements for this step are numerous: one of the most urgent is, that the demand for my remedies has become so large, through private report of their success, as to make their preparation too great a draft upon my time; another is the repeated solicitations of my friends and patients, in the belief that the general introduction of my remedies would be in many respects a public benefit; and fina ly, in securing the co-operation of Mr. Alex. Cushman, who is a thoroughly educated Chemist, and practical Apothecary of many years' experience, whereby I am enab ed to assure the public that they wi l be prepared in the best, purest, and most perfect form, regardless of expense.

JAMES McCLINTOCK, M. D.,

Late Professor of Anatomy and Surgery in the Philadelphia College of Medicine, and Acting Professor of Midwifery; one of the Consulting

Physicians of the Philadelphia Hospital, Blockley; late member of the National Medical Association; member of the Philadelphia Medical Society; member of the Medico Chirurgical College of Philadelphia; formerly President and Professor of Anatomy and Surgery in Castleton Medical College, Vermont; and also, late Professor of Anatomy and Physiology in Berkshire Medical Institution, Pittsfield, Mass., &c., &c.. &c.

PHILADELPHIA, Novembe , 1853.

☞The undersigned, in accepting the proprietorship of Dr. James Mc Clintock's Family Medicines, would re pectfully state to the publi , that in his proffesion as Dispensing Chemist, for nearly fifteeen years past, during which time he has been actively connected with the best pharmaceutical estab ishments in this country, he has had constant occasion to see and prepare the prescriptions of the most eminent physic ans,among whom he would name Dr. ott, Dr. Parker, Dr. Francis, Dr Cheeseman, Dr Reese, Dr. Whittaker, Dr. Schmidt, Dr Ho ack, Dr. Kissam, and many others in the city of New York. The experience thus acquired enables him to discriminate with confidence between "legitimate medicines" combined scientifically, and the inaccurate mixtures of quackery and ignorance; wherein for want of proper know edge in combining them, the best ingredients may neutralize and destroy each other. It is with pleasure, therefore, he testifies, that the prescriptions of Dr. James Mc Clintock are not only camposed of the most valuable medicinal agents employed by our best practitioners, but they are combined in such accurate proportions, in relation to their chemical and medical effects, as to secure the attainment of the utmost increase of their power and efficiency. In conclusion, he will only add for himself that he can refer with confidence to his past career, as his guarantee to the public, that these "great remedies" will be faithfully prepared in strict accordance with the prescriptions of their distinguished Originator.

ALEX. CUSH AN,
Graduate and Trustee of New York College of Pharmacy.

The conditions of the sale are not given; but we have heard it intimated, that for the prescriptions and the use of his name he received fifty thousand dollars, or rather that for that sum he has sold himself, professional honor, reputation and influence, and has become a mere thing, the instrument of a pill maker and powder vender. Physicians are subject to temptations, like other men, and it can hardly be expected that of all who attain to eminence in the profession, there will be none who yield to the influence of wealth and ease. We claim with confidence, however, that such examples are fewer in our profession than in almost any other.

It is true there are all sorts of vampires hanging on to the skirts of medicine, ignorant pretenders, and shrewd charlatans,

self-dubbed doctors accommodating themselves to every change of the popular sentiment for the purpose of winning the popular fee. In contrast with these are the practitioners of legitimate medicine, men who have patiently toiled year after year, slowly but surely solving one after another of the great mysteries of nature, listening to her voice as she speaks through insect, bird and beast, through flowers and trees, till at length with practiced ear and skilful hand, they are prepared to detect the discords of life's harp, attune its strings, and wake its wondrous harmonies. The study of truth in nature makes men better; it is for this reason that but few who have won an honorable admission to the ranks of our profession have disgraced it by prostituting themselves to quackery.

We had intended to say something in reference to the various isms and pathies of the day. We believe there is a reason for their existence, and that in their ultimate results they will add to the treasures of our science and the triumphs of our art No system either of religion, politics or medicine can gain to any great extent the confidence of the public unless it contain in itself something of truth, or be corrective of some wide-spread and popular abuse. Hydropathy and homœopathy will illustrate the idea. The first consists of the elevation of a subordinate truth in medicine to a central position. Water has long been known as a remedial agent; but not until quite recently was it ever regarded as a universal remedy. Its advocates have erected around it a system from which is carefully excluded every idea not consistent with the free and indiscriminate use of their grand panacea The result of all this will be a thorough proving of water as a remedial agent; the indications for its use, and the good that can be accomplished by it, having been once thoroughly demonstrated, the errors of which the system has been constructed will be forgotten, and all of truth that remains will be re-absorbed into the body of legitimate medicine. The results of other partial systems will be precisely the same

Homœopathy, on the contrary, has had its origin in an abuse of active medicines, not by the profession alone, but by the people; and it is, perhaps, difficult to say in this case which is

worse—the disease or the remedy. The first kills, the second allows the patient to die; the first introduces into the system disturbing forces, which may be right or may be wrong; the second withholds all correctives, and trusts alone to unaided nature. The mission of homœopathy is to show what nature can and cannot do. When this is once accomplished, Hannemann will be forgotten, while our science will be enriched by the numerous experiments of his followers.

It is thus that science progresses; its very errors, the germs from which its offshoots grow, are the occasions for the development of truth. J.

To Members of the Illinois State Medical Society:

As Treasurer of the Society I owe the members an apology. At the last Annual Meeting the Treasurer was directed to notify all members not present of the amount of the Annual Assessment, in time to receive payment of the same before the 1st of August. I prepared circulars accordingly, but soon found myself in the midst of a cholera epidemic, which required all my time at the bed-side of the sick, both day and night. The circulars were consequently not sent until so late a period that many did not receive them until after the time fixed for payment. The same circumstances which delayed the sending of the circulars has also delayed the publication of the transactions of the Society. The latter will be issued from the press soon. Still if any members have withheld their assessment on the supposition that it was too late, they can still forward it immediately and they will be in time to retain their names in the list of members.

N. S. DAVIS,
Treasurer of State Society.

To Subscribers. Some complaints have been made on account of the irregularlty and delay in the issue of the Journal during the last few months. When we entered upon editorial duty, three months since, we promised to have the evil remedied, but have found it impossible to do so until the present time. This number is issued during the first *half* of the month, and the next we trust will be fully up *to time*, viz.: on the first of the month.

One source of embarrassment which we have met with belongs to the subscribers. When the publisher has been urged to greater promptness, he has uniformly complained that many of the subscribers do not pay up, and when dunned they get angry. Now we think we are safe in saying, that in future, the Journal shall be issued with regularity and promptness, and we trust every subscriber will feel himself under obligations to pay equally regular and prompt. If so, all parties will get on easily and good-naturedly. D.

Rush Medical College.—The first Tuesday in this month was the time for commencing clinical instruction in the Hospital, and the opening of the dissecting rooms in the College. Already (Oct. 6th) quite a number of students have arrived in the city and have commenced their daily visits to the Mercy Hospital, which is very full of patients, both medical and surgical. A large proportion of the patients are laboring under the graver forms of fever and dysentery. The prospects are good for a large class in the College during the coming winter.

Appointment.—We see, by a recent notice, that Dr. S. B. Hunt has been appointed to the Chair of Anatomy in the medical department of the University of Buffalo. Dr. H. has been for some time connected with the *Buffalo Medical Journal.* He possesses energy and ability, and will do honor to the school with which he has become connected. J.

Correction.—Our attention has been called to a typographical error in the article of Dr Payne on Opium. &c., published in the July number of this Journal. On page 300, line twentieth from the top, for "sulphate morphine, grs. iv.," read "sulphate morphine, grs. ¼." We regret that such an error should have occurred; but we presume it has occasioned no harm, as it must have been evident to all that it was an error of the types. J.